

# Instructions For Completing The Shared Work Compensation Plan Application Package

**Note: Please make sure the Shared Work Compensation Plan Application and the Shared Work Compensation Plan Participant List are submitted together. Otherwise, they will be considered an incomplete plan application package and will not be processed.**

## Shared Work Compensation Plan Application Instructions

1. Write the company name, mailing address, physical location (if different from mailing address), phone number, extension, fax number and email address.
2. Write the company Employment Security (ES) Tax Reference Number and Unified Business Identifier (UBI) Number.
3. Write the name, job title, email address, phone number, extension and fax number of the Employer Representative your company has chosen to be responsible for coordinating between the Shared Work Administrative Unit and your company.
4. Write the name, job title, email address, phone number, extension and fax number of the person who will act as the **alternate** Employer Representative for your company.
5. Indicate whether or not your company has had a previous Shared Work Plan.
6. Indicate when you anticipate reducing weekly work hours.
7. Please read the **Employer Certification** section carefully making sure your company meets Shared Work requirements.
8. Answer the Modification Statement. **Failure to answer this question will result in an incomplete application and will not be processed.**
9. Sign and date the application.
10. If applicable, this section must be completed in writing by the collective bargaining agent for each collective bargaining agreement covering any employee in an affected unit.

## Shared Work Compensation Plan Participant List Instructions

1. **Read** the bulleted policies at the top of the Shared Work Compensation Plan Participant List.
2. Write the company name and location (i.e. Jones Bubble Co., Seattle, WA).
3. Write the Employment Security (ES) Tax Reference Number.
4. Write in the date the participant list is submitted.
5. Write the name of the employee, **last name first** in **alphabetical order** (i.e. Jones, Willie). When completing the participant information, please make sure it is legible and all the information is correct.
6. Write the participant's social security number (please hyphenate).
7. Indicate whether or not participant is salary or hourly.
8. Indicate whether or not participant is part-time or full-time.
9. Write the regular work hours per week.
10. Write the reduced hours you plan to work the participants each week.
11. Write the participant's hire date.
12. Indicate the participant's department, unit, section or shift(s).

The Shared Work Compensation Plan Application and Plan Participant List can be faxed to (360) 902-9260 or mailed to the address below:

Employment Security Department  
Shared Work Program Unit  
212 Maple Park Dr., 4<sup>th</sup> Floor  
P.O. Box 9046  
Olympia, WA 98507-9046

Email: [SharedWork@esd.wa.gov](mailto:SharedWork@esd.wa.gov)  
Toll Free Number: 1-800-752-2500

**Note: If you fax your application, please mail the original to the Shared Work Unit**